



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

TITUSVILLE CENTER FOR SURGICAL EXCELLENCE  
814 SOUTH WASHINGTON AVENUE  
TITUSVILLE, FL 32780

DWC Claim #: 01192808  
Injured Employee: LOUISE HORN  
Date of Injury: 12/11/00  
Employer Name: 7 ELEVEN INC  
Insurance Carrier #: 465138528001

#### **Respondent Name**

AMERICAN MOTORISTS INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 21

#### **MFDR Tracking Number**

M4-11-3941-01

#### **MFDR Date Received**

July 5, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary taken from the table of disputed services:** "Pt. had procedure done by Dr. Rojas at our facility, but failed to change doctors w/Texas State. Patient also failed to tell us this was a w/c case until after Medicare denied the claim. Now broadspire denied claim for non-referring doctor and no pre-cert."

**Amount in Dispute:** \$9,306.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "There is no record of receipt of a request for pre-authorization for the service from Titusville Center for Surgical Excellence/Joseph E. Rojas, M.D., which this provider admits in its request for medical dispute resolution. For these reasons, no reimbursement is due for the services at issue."

**Response Submitted by:** THORNTON, BIECHLIN, SEGRATO, REYNOLDS & GUERRA, L.C.

### **SUMMARY OF FINDINGS**

| Dates of Service | Disputed Services                  | Amount In Dispute | Amount Due |
|------------------|------------------------------------|-------------------|------------|
| January 27, 2011 | Ambulatory Surgery Center services | \$9,306.00        | \$0.00     |

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the guidelines for Preauthorization, Concurrent Review, and Voluntary Certification of Health Care.
3. 28 Texas Administrative Code §133.305 sets out the general Medical Dispute Resolution guidelines.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated June 17, 2011.

- 075-001 – 64494 the allowance for this code has been included in the allowed amount in explanation code 080-001.
- 075-001 – 64495 the allowance for this code has been included in the allowed amount in explanation code 080-001.
- 080-001 – Review of this bill has resulted in an adjusted reimbursement for the entire bill of \$0.00.
- 165 – Referral absent or exceeded.
- 910-048 – Payment denied/reduced for absence of, or exceeded referral
- 910-052 – Entitlement to benefits, not finally adjudicated.
- 94 – Processed in excess of charges. \$0.00.
- 97 – The benefit for this service is included in the payment allowance for another service/procedure that has already been adjudicated. Note: refer to the 925 Healthcare Policy Identification Segment, loop 210. Service Payment Information (RSF), if present.
- W11 – Entitlement to benefits, not finally adjudicated.

### **Issues**

1. Did the requestor obtain preauthorization per Rule 134.600?
2. Did the requestor request Medical Dispute Resolution in accordance with Per 28 Texas Administrative Code §133.305?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. The requestor provided surgical services in the state of Florida on January 27, 2011 to an injured employee with an existing Texas Workers' Compensation claim. The requestor was dissatisfied with the respondent's final action. The requestor filed for reconsideration and was denied payment after reconsideration. The requestor filed for dispute resolution under 28 Texas Administrative Code §133.307. The Division concludes that because the requestor sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the dispute is to be decided under the jurisdiction of the Texas Workers' Compensation Act and applicable rules.
2. 28 Texas Administrative Code §134.600 defines ambulatory surgical services as surgical services provided in a facility that operates primarily to provide surgical services to patients who do not require overnight hospital care.
3. Per 28 Texas Administrative Code §134.600, preauthorization is required for outpatient surgical or ambulatory surgical services as defined in subsection (a). Review of the documentation submitted by the requestor does not support that preauthorization was obtained by the Ambulatory Surgery Center prior to rendering the disputed services.
4. The insurance carrier denied the dispute charges with denial reason W11 – Entitlement to benefits, not finally adjudicated. Per 28 Texas Administrative Code §133.305 (b), "If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021." The requestor failed to submit documentation to support that the denial of W11- Entitlement to benefits has been resolved in accordance with Labor Code §413.031 and §408.021.
5. The requestor has not submitted sufficient documentation to support that the services were preauthorized by the Ambulatory Surgery Center, as required by 28 Texas Administrative Code §134.600 and that the denial of entitlement to benefits has been resolved prior to the submission of the medical fee dispute request, as required by Per 28 Texas Administrative Code §133.305 (b). Therefore, the requestor is not entitled to reimbursement for the disputed date of service.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

|           |  |                                     |
|-----------|--|-------------------------------------|
| _____     | <u>Greg Arendt</u>                     | <u>November 9<sup>th</sup> 2012</u> |
| Signature | Medical Fee Dispute Resolution Officer | Date                                |

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**